

IPDR6702		NORTH CAROLINA			PAGE: 1		
RUN DATE: 02/03/2008		IPRS CHECKWRITE SUMMARY REPORT					
		CHECKWRITE DATE: 02/05/2008					
		FINANCIAL PAYER: NCDMH					
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS PAID
3404901	SMOKY MOUNTAINM H/DD/SAS	8534	47	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F			
		8532	9	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED	0	65	65 0
		8508	4	CLAIM DENIED NO BUDGET FOUND			
3404904	WESTERN HIGHLAN DS LME	8505	771	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
		191	118	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	1038	25806 24768
		8800	51	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.			
3404910	PATHWAYS	8505	314	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
		8800	160	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	797	6830 6033
		21	110	DUPLICATE OF CLAIM-SYSTEM			
3404912	CATAWBA COUNTYM ENTAL HEALT	8326	705	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE			
		11	208	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	1118	6134 5016
		8505	135	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
3404913	MECKLENBURG COM ENTAL HEALT	8326	8254	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE			
		8505	5189	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	15208	15685 477
		8800	1036	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.			
3404916	CROSSROADS BEHA VIALOR HEAL	8505	61	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
		8508	1	CLAIM DENIED NO BUDGET FOUND	0	62	62 0
3404917	CENTERPOINT HUM AN SERVICES	8505	333	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
		8534	270	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	927	3269 2342
		11	239	CLIENT NOT ELIGIBLE ON SERVICE DATE			

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8505	1881	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	863	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	3810	5207	1397
		8508	822	CLAIM DENIED NO BUDGET FOUND				
3404920	ALAMANCE CASWEL L AREA MH D	10	71	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
		79	71	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	287	13751	13464
		8599	42	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404921	ORANGE PERSON C HATHAM AREA	11	229	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		191	45	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	359	8174	7815
		8599	22	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	8505	1007	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	403	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	1427	1618	191
		21	7	DUPLICATE OF CLAIM-SYSTEM				
3404923	FIVE COUNTY MH	8505	2766	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8508	444	CLAIM DENIED NO BUDGET FOUND	0	3622	4002	380
		8800	177	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	2095	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8508	568	CLAIM DENIED NO BUDGET FOUND	22	3389	3455	66
		8800	321	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404926	SOUTHEASTERN RE G MENTAL HL	8518	351	*CLAIM DENIED. SUBMITTED BEYO ND TIMELY FILING LIMIT IN EFFECT FOR THIS FISCAL YEAR				
		8536	214	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	4	1297	4331	3034
		8800	163	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				

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3404927	CUMBERLAND CO M HC	11	369	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	167	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	707	2532	1825
		8599	112	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY MNTL HLTHC	11	81	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	3	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	87	178	91
		8599	2	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404931	WAKE CO HUM SVC BILLING OF	8518	39	*CLAIM DENIED. SUBMITTED BEYO ND TIMELY FILING LIMIT IN EFFECT FOR THIS FISCAL YEAR				
		21	9	DUPLICATE OF CLAIM-SYSTEM	2	61	103	42
		8800	4	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	30	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	17	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	48	134	86
		8508	1	CLAIM DENIED NO BUDGET FOUND				
3404934	ONSLow CARTERET BEHAV HEAL	8505	788	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8534	703	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	2124	3635	1511
		8599	227	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	THE BEACON CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	8599	4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		3411	2	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	0	9	2670	2661
		8537	1	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				

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3404939	EAST CAROLINA B EHAVIORAL H	8505	4305	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	295	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	5085	7565	2480
		8800	248	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404941	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404943	ALBEMARLE MENTA L HEALTH CE	8622	165	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
		3411	86	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	4	372	1706	1334
		21	30	DUPLICATE OF CLAIM-SYSTEM				
3404944	EASTPOINTE HUMA N SERVICES	8505	96	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8533	90	SERVICE FACILITY LOCATION CANN OT BE AN ATTENDING PROVIDER IDENTIFIED AS AN INDIVIDUAL.	1	239	1651	1412
		8599	25	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM ENTAL HEALT	191	152	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
		21	131	DUPLICATE OF CLAIM-SYSTEM	3	428	2130	1702
		8534	83	SERVICE FACILITY LOCATION IS N OT A VALID IPFS ATTENDING PROVIDER. PLEASE VERIFY THE F				